

D Mood Anxiety Disorder

Record ID

1. Gold Standard Diagnosis

Have you been diagnosed with an anxiety disorder?

- ☐ Yes
☐ No

2. Medical and Psychiatric comorbidities

Please select any active psychiatric problems and medical problems (select all that apply).

- ☐ ADHD
☐ Anxiety
☐ OCD
☐ Stroke
☐ Epilepsy
☐ Laryngeal cancer
☐ Seasonal allergies
☐ Other

Please specify

Please select any historical psychiatric problems and medical problems (select all that apply).

- ☐ ADHD
☐ Anxiety
☐ OCD
☐ Stroke
☐ Epilepsy
☐ Laryngeal cancer
☐ Seasonal allergies
☐ Other

Please specify

3. Depression History

When was your last anxious episode (feeling anxious more days than not over two weeks)?

4. Treatment obtained

Have you ever been prescribed medication for mental or emotional problems (e.g., antidepressants, anxiolytics, antipsychotics, mood stabilizers, etc.)?

- ☐ Yes
☐ No

Please list any current psychiatric medications (to the best of your recollection), including medication names, dosage, and how many times per day.

Please list any previous psychiatric medications (to the best of your recollection), including medication names, approximate dates you were taking them, and why they were discontinued.

Have you ever seen a mental health professional for talk therapy (could include social workers, psychiatrists, etc.)?

☐ Yes
☐ No

Please briefly describe your psychotherapy history (e.g., dates, reasons for seeking therapy, etc.).
